

Department of Mental Health and Addiction Services Behavioral Health Home Consumer Satisfaction Survey

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(Fiscal Year 2021)

Agency/Facility	Program	Date Completed
Are you a Behavioral Health Home Client? <input type="checkbox"/> Yes <input type="checkbox"/> No		

For each box, put an X in the circle that applies to you.		
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other	Age <input type="radio"/> 20 and under <input type="radio"/> 21-24 <input type="radio"/> 25-34 <input type="radio"/> 35-54 <input type="radio"/> 55-64 <input type="radio"/> 65 and older	Primary reason for receiving services <input type="radio"/> Emotional/Mental Health <input type="radio"/> Alcohol or Drugs <input type="radio"/> Both Emotional/Mental Health and Alcohol or Drugs
Race <input type="radio"/> American Indian/Native Alaskan <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other PI <input type="radio"/> White/Caucasian <input type="radio"/> Unknown <input type="radio"/> Other:	Ethnicity <input type="radio"/> Non-Hispanic <input type="radio"/> Hispanic-Other <input type="radio"/> Hispanic-Puerto Rican <input type="radio"/> Hispanic-Mexican <input type="radio"/> Hispanic-Cuban <input type="radio"/> Unknown	Length of Service <input type="radio"/> Less than 1 year <input type="radio"/> 12 months to 2 years <input type="radio"/> 2 years to 5 years <input type="radio"/> More than 5 years

Circle the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1.	I like the services that I received here.	SA	A	N	D	SD	NA
2.	If I had other choices, I would still get services from this agency.	SA	A	N	D	SD	NA
3.	I would recommend this agency to a friend or family member.	SA	A	N	D	SD	NA
4.	The location of services was convenient (parking, public transportation, distance, etc.)	SA	A	N	D	SD	NA
5.	Staff was willing to see me as often as I felt was necessary.	SA	A	N	D	SD	NA
6.	Staff returned my calls within 24 hours.	SA	A	N	D	SD	NA
7.	Services were available at times that were good for me.	SA	A	N	D	SD	NA
8.	Staff here believes that I can grow, change, and recover.	SA	A	N	D	SD	NA
9.	I felt comfortable asking questions about my services, treatment or medication	SA	A	N	D	SD	NA
10.	I felt free to complain.	SA	A	N	D	SD	NA
11.	I was given information about my rights.	SA	A	N	D	SD	NA
12.	Staff told me what side effects to watch out for.	SA	A	N	D	SD	NA
13.	Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	SA	A	N	D	SD	NA
14.	Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.)	SA	A	N	D	SD	NA

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15.	Staff helped me obtain information I needed so that I could take charge of managing my illness.	SA	A	N	D	SD	NA
16.	My wishes are respected about the amount of family involvement I want in my treatment.	SA	A	N	D	SD	NA
As a result of services I have received from this agency:							
17.	I deal more effectively with daily problems	SA	A	N	D	SD	NA
18.	I am better able to control my life.	SA	A	N	D	SD	NA
19.	I am better able to deal with crisis.	SA	A	N	D	SD	NA
20.	I am getting along better with my family.	SA	A	N	D	SD	NA
21.	I do better in social situations.	SA	A	N	D	SD	NA
22.	I do better in school and/or work.	SA	A	N	D	SD	NA
23.	My symptoms are not bothering me as much.	SA	A	N	D	SD	NA
In general . . .							
24.	I am involved in my community (for example, church, volunteering, sports, support groups, or work).	SA	A	N	D	SD	NA
25.	I am able to pursue my interests.	SA	A	N	D	SD	NA
26.	I can have the life I want, despite my disease/disorder.	SA	A	N	D	SD	NA
27.	I feel like I am in control of my treatment.	SA	A	N	D	SD	NA
28.	I give back to my family and/or community.	SA	A	N	D	SD	NA
29.	I am satisfied with the inclusion of my personal beliefs in my recovery plan. <i>(Ex. cultural values, religious beliefs, personal lifestyle choices).</i>	SA	A	N	D	SD	NA
30.	I am satisfied with the support I receive to access services here. <i>(Ex: transportation, evening and weekend hours, child care, drop-in services).</i>	SA	A	N	D	SD	NA
31.	I am satisfied with the language supports I receive to access services here. <i>(Ex: interpreters, bilingual staff, brochures, bulletin boards and signs in my preferred language).</i>	SA	A	N	D	SD	NA
32.	I'm satisfied with the services and technology provided here to help me with my other disabilities. <i>(Examples: visual, Deaf/Hard of Hearing, speaking, reading/writing, learning).</i>	SA	A	N	D	SD	NA

NCQA Accreditation							
		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	N/A
29.	How satisfied are you with the access to care, treatment, or services and communication (are you able to get an appointment when you need to and is program responsive when you call)?	VS	S	N	D	VD	NA
30.	How satisfied are you with the comprehensiveness of care, treatment, or services (are you able to get most of your	VS	S	N	D	VD	NA

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needs met in the program)?						
31.	How satisfied are you with the coordination of care, treatment, or services (do your providers talk to each other about your care when they have your permission)?	VS	S	N	D	VD NA
32.	How satisfied are you with the continuity of care, treatment, or services (have the transitions between programs, if needed, been smooth)?	VS	S	N	D	VD NA

How well do you feel?

By placing an 'x' in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- I have no problems walking about ☐
- I have some problems walking about ☐
- I am confined to bed ☐

Self-Care

- I have no problems with self-care ☐
- I have some problems with washing or dressing myself ☐
- I am unable to wash or dress myself ☐

Usual Activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

Pain/Discomfort

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

Anxiety/Depression

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed. ☐

Is there anything else that you would like to tell us about your services here?

Please continue on next page →

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Please indicate on this scale how good or bad your own health state is today.

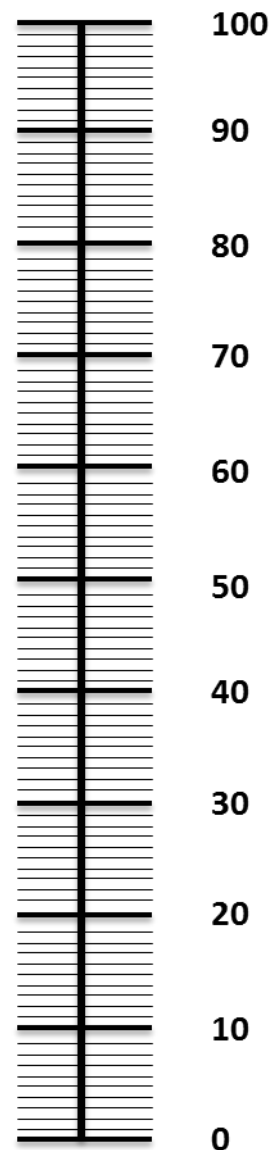
The best health state you can imagine is marked 100 and the worst health state you can imagine is marked 0.

Please draw a line from the box to the point on the scale that indicates how good or bad your health state is today.

Now please write the number you marked in the box below.

YOUR HEALTH TODAY =

Your own
health
state
today



Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =